

## LETTERS

from performing their tasks, could appropriately be challenged in the courts.

To put the subject of EMGs in proper perspective, we should realize that the trend today is to train the Allied Health professionals so they can be utilized in areas that were once thought to be the domain solely of the physician. An example of this is the Cardiac Care Unit where life threatening and emergency situations exist. Nowhere else could we think of an example of Allied Health personnel performing professional tasks under critical situations in a most proficient manner as exemplified by a decrease in the mortality by their efforts.

Jacquelin Perry, MD, one of the leading authorities in kinesiology, in a personal letter wrote, "The anatomy is well established and readily learned. Superficial muscles are generally the ones sampled because of convenience and patient comfort, and because these have the same innervation patterns as the deeper muscles. Vital neurovascular structures are readily avoided by anatomical consistency and protected by fascial planes and muscle arrangement.

"It is appropriate that diagnostic interpretations be reserved for physicians who will place the EMG findings in perspective with other clinical characteristics of the patient. However, techniques of obtaining the data and interpreting the signals are logical functions for a well trained physical therapist."

Many of our associates agree with Charles Engh, MD, of Arlington, Virginia who wrote, "Physical therapists with specialized training in electromyography should not be unfairly prevented from using this technique. I don't mean to imply that every physical therapist should carry out electromyographic study. It is, however, narrow minded to assume that only licensed physicians and surgeons are intelligent enough to derive useful information from this type of examination."

In our opinion it is ethical and legal to develop

a program to appropriately train physical therapists in the skills of EMG to be performed under the supervision of a physician as outlined in Resolution No. 52 at the American Medical Association convention in Anaheim.

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## Bran Revisited

TO THE EDITOR: In a recent article Dr. Alex Shulman [Shulman AG: High bulk diet for diverticular disease of the colon. West J Med 120:278-281, Apr 1974] mentioned that some "leading authorities" have suggested that bran should be added to the American diet on a trial basis. This letter is being written with the hope that we may not unnecessarily add another to the list of iatrogenic diseases.

In 1926, when I was a medical student, a San Francisco gastroenterologist spent one hour per week lecturing to us. One of his statements I remember: "Over 50 percent of my practice is a result of the present craze for eating bran." (At that time food faddists were promoting bran in much the same way that they now promote "natural foods.")

During forty-odd years of private practice I have seen several children with chronic abdominal pain whose cramps have been relieved by discontinuing the use of breakfast cereal containing bran.

There is probably a segment of our population who can tolerate the daily ingestion of bran, but there is another segment who cannot. There is no good reason for adding an irritating substance like bran to the diet as long as there are plenty of other bulk-producing foods.

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